

Case Number:	CM15-0175652		
Date Assigned:	09/17/2015	Date of Injury:	10/10/2002
Decision Date:	10/19/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/08/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old female, who sustained an industrial-work injury on 10-10-02. A review of the medical records indicates that the injured worker is undergoing treatment for discogenic lumbar condition, with radicular component and facet inflammation and chronic pain syndrome. Medical records dated (2-4-15 to 8-5-15) indicate that the injured worker complains of persistent low back pain that is worsening with cramping, tightness, muscle spasms, and pain in the legs with occasional numbness and tingling. There is stabbing pain and stiffness of the lumbar spine and some shooting pain with standing or sitting for prolonged periods of time. The pain remains unchanged from previous visits with pain increased at times. The physician notes that the injured worker needs the medications to be functional and be able to do light chores around the house. The medical records also indicate worsening of the activities of daily living due to the persistent pain in the low back. Per the treating physician report dated 8-5-15 the injured worker has not returned to work. The physical exam dated from (2-4-15 to 8-5-15) reveals tenderness along the lumbar paraspinal muscles and pain with facet loading and along the facets. There is decreased lumbar range of motion noted. Treatment to date has included pain medication including Naproxen, Flexeril, Tramadol (since at least 11-13-13), diagnostics, hot and cold wraps, transcutaneous electrical nerve stimulation (TENS), pain management, and other modalities. There was an opiate contract pain management agreement signed on 11-13-12 along with a medication agreement sheet that was noted with the records. The request for authorization date was 8-5-15 and the requested service included 1 Prescription of Tramadol ER 150mg, #30. The original Utilization review dated 8-11-15 modified the request to 1 Prescription of Tramadol ER 150mg, #15 due to documentation of increased pain and no improvement with taking the medication.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 Prescription of Tramadol ER 150mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: MTUS Guidelines have very specific standards that are recommended to justify the long-term use of opioid medications. These standards include detailed documentation of use patterns, the amount of pain relief, the length of pain relief and functional improvements as a result of use. These Guidelines recommended standard have not been met. There is no reasonable documentation of pain relief or functional improvements referable to the long-term use of Tramadol. Under these circumstances the Tramadol is not supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The 1 Prescription of Tramadol ER 150mg, #30 is not medically necessary.